

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036976
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2841

FILED OCT 1 1962

1. PLACE OF DEATH

a. COUNTY ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN RICHMOND HGTNS

Length of stay in lb
YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1329 ARGUS

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY ST LOUIS

c. CITY OR TOWN RICHMOND HGTNS Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1329 ARGUS AVE
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) First Middle Last
CLARENCE ELLIS CHENEY

4. DATE OF DEATH Month Day Year
September 30 1962

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married

☒ Never Married ☐ Divorced ☐ Widowed ☐

8. DATE OF BIRTH

12/5/1914

9. AGE (last birthday)

48

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

LABORER

11. BIRTHPLACE (City and state or country)

HENDERSON COUNTY KY

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

STEVEN CHANEY

13b. MOTHER'S MAIDEN NAME

NANIE MILLER

14. NAME OF HUSBAND OR WIFE

KATHARINE OCHANEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give unit or dates of service)
NO

17. INFORMANT

Katharine Cheney

Address

1329 Argus

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Pancreas

INTERVAL BETWEEN ONSET AND DEATH
2 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

4/20/62

20f. CITY, TOWN, OR LOCATION

9/30/62

COUNTY

10-1-62

STATE

21. I attended the deceased from

4/20/62

to

9/30/62

and last saw him alive on

9/30/62

Death occurred at

2:00 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Chene, J. D.

(Degree or title)

243 E. Lickham

22b. ADDRESS

(19)

22c. DATE SIGNED

10-1-62

23a. REMOVAL (Specify)

Removal Oct 3, 1962

23b. DATE

Henderson

23c. NAME OF CEMETERY OR CREMATORY

Henderson

23d. LOCATION (City, town, or county)

Henderson County Kentucky

(State)

10-2-62

24. FUNERAL DIRECTOR

10-2-62

ADDRESS

10-2-62

25. DATE RECD. BY LOCAL REG.

10-2-62

26. REGISTRAR'S SIGNATURE

10-2-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.